U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

1. File Number U- /7035

3. Name and address of person filing.

Ibusie z

Name Ronald

For Official Use Only

E

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approv Office of Manager and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From.

1/1/2=04 Through: 12/31/2014

4. Name, file number, and address of labor organization.

Name LU 5-10 IBEU.

	Labor Organization File Number 1001-665
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street & Jenes Street	Street WALE
City Wargnesburg @	City Bless, L.
State Chic ZIP Ccde + 4 44688	State C 4 -c ZIP Code + 4
5. Position in labor organization. Example Board	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name _bru Lt 5 fer	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed from I find of	On 6: 13-65 330-866-4126 Date Telephone Number
Form LM-30 (2003)	
TOMERATOR (2000)	Page 1 of 2

of an employer whose employees your labor organization represents or is actively seeking to represent, cr (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any.	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employe 's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest hold or income received.
State ZIP Code - 4	
	<u> </u>
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	

14.b. Amount of payment.

ZIP Code + 4

or Consultant

?

13.b. Is the Business an Employer

State